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Primary Care Plus

Provider Operations and Methodology Guide

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Section 1: Introduction to Primary Care Plus (PCPlus)

Primary Care Plus (PCPlus) is MaineCare's value-based payment initiative designed to support primary care. PCPlus replaces MaineCare's former primary care programs of Primary Care Case Management, Primary Care Incentive Payment, and primary care Health Homes with a single, integrated initiative and gives Primary Care Providers (PCPs) greater flexibility and incentives to effectively meet MaineCare members' healthcare needs. PCPlus transitions away from a volume-based (fee-for-service) payment system that has little connection to value, toward an approach that provides Population-Based Payments (PBP) tied to cost- and quality-related outcomes. The implementation date of PCPlus was July 1, 2022.

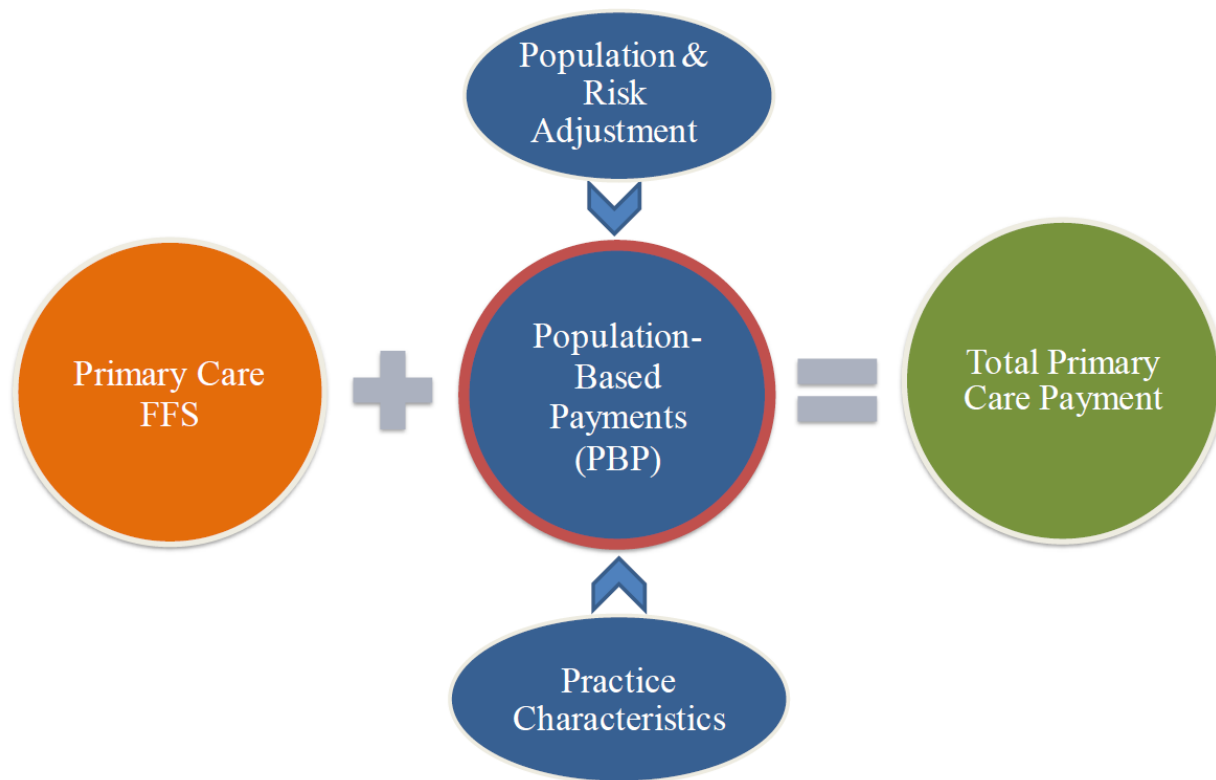
The primary objectives of PCPlus are to:

- Incent proactive, flexible, whole-person focused primary care
- Support meaningful practice change through PBPs
- Improve health and health care outcomes
- Align with Centers for Medicare and Medicaid Innovation Primary Care First Initiative
- Build bridges from primary care to community support services
- Support patients in managing and organizing their own care

This document describes the provider enrollment and recertification process, member attribution, payment, quality measures and Performance-Based Adjustment (PBA) methodology, timelines, and MaineCare technical assistance.

Under PCPlus, primary care practices are eligible to receive a monthly PBP to be adjusted quarterly. The PBP is:

- Determined by the practice characteristics (Tier 1-Base level, Tier 2-Intermediate, or Tier 3-Advanced Tiers)
- Population and risk-adjusted
- Performance-adjusted based on no more than ten performance measures.
- During phase one, is in addition to Fee-for-Service (FFS), Prospective Payment System (PPS), or all-Inclusive Rate (AIR).



For PCPlus regulations and requirements see [Chapter VI- Section 3: Primary Care Plus](#) of the MaineCare Benefits Manual.

➤ **Section 2: Key Terms**

The following table describes various abbreviations and acronyms used throughout this guide.

AC	Accountable Community
CHW	Community Health Worker
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DHHS	Department of Health and Human Services
DOB	Date of Birth
DSRU	Delivery System Reform Unit
HCPC	Healthcare Common Procedure Coding
HIE	Health Information Exchange
ICD	International Classification of Disease
MIMHS	Maine Integrated Health Management Solution
NCQA	National Committee for Quality Assurance
NPI	National Provider Identification
OB/GYN	Obstetrics and Gynecology
OMS	Office of MaineCare Services
PBA	Performance-Based Adjustment
PBP	Population-Based Payment
PCP	Primary Care Provider
PCPlus	Primary Care Plus
PMPM	Per Member Per Month
RA	Remittance Advice
SBIRT	Screening, Brief Intervention, and Referral to Treatment

➤ Section 3 How to Enroll as a PCPlus Provider

PCPlus provider enrollment will occur at least annually. The Office of MaineCare Services (OMS) notifies providers via MaineCare's e-messaging service when the PCPlus application is open. Providers are encouraged to sign up with e-messaging to receive notification of application openings. Providers must subscribe to the topic MaineCare *Primary Care and Care Coordination*: <https://public.govdelivery.com/accounts/MEHHS/subscriber/new?preferences=true> to receive PCPlus updates.

During the open application process, interested PCPs will be able to review and submit an application to participate in PCPlus. Providers will need to review policy prior to submission to determine qualifications: [Chapter VI Section 3 Primary Care Plus](#). During each application cycle, current PCPlus practices will have an opportunity to change tier level if practice eligibility has changed.

If a practice's application is approved, practices will receive a confirmation that must be signed and returned back to the OMS. The confirmation e-mail includes the approved practice level tier based on the practice characteristics identified in the application.

If a practice's application is not approved, practices will receive an e-mail identifying which requirements were not met and any appeal rights. Practices can re-apply during the next application opening once minimum requirements have been met.

❖ Section 3.1: Enrollment Application documents:

In addition to answering questions about the practice, the PCPlus application requires submission of certain documents for review. Examples include:

- The [Behavioral and Physical Health Integration Tool](#) is used to understand the current level of Behavioral and Physical Health Integration within the practice and to identify an area of focus for the following twelve-month period.
- [Shared-Decision Making Aid Examples](#): Decision-making aids are required for PCPlus participation to support members and their families with making important decisions about their care.
- Care Plan Example: An example of a de-identified care plan that has both clinician and patient action plans.

Documents for Tier 2 practices (in addition to Tier 1 documents) example includes:

- The Community Health Worker (CHW) Services [Environmental Scan Guide and Template \(Word\)](#) provides guidance for providers in submitting the CHW Services Environmental Scan.

Documents to be submitted for Tier 3 Practices (in addition to the Tier 2 documents and documents for all practices), example include:

- Joint Care Management and Population Health Strategy: If a practice is part of MaineCare’s Accountable Communities (AC) program and it is determined that the practice qualifies for Tier 2 or Tier 3 of PCPlus, MaineCare will request this Strategy from the AC contracted with the practice. This is a written three-year plan, updated annually, which describes operational and financial coordination across the PCPlus practice, the AC, and any Community Care Team, that is contracted with the AC and/or the PCPlus practice.

❖ **Section 3.2: Health Information Exchange (HIE) Requirements for Tier 2 and 3 Applicants**

Tier 2:

Practices must maintain a Participant Agreement for data sharing with HealthInfoNet, Maine’s statewide state-designated Health Information Exchange (HIE). The minimum clinical data set practices must share with the HIE include the following data elements via a Health Level Seven (HL7) Admission, Discharge, & Transfer (ADT) interface:

- All patient demographics information
- Encounter and visit information, including:
 - Diagnosis codes
 - Procedure codes (preferred, but not required)

Note: Tribal health clinics qualify for Tier 2 as view-only HIE participants (i.e., not data-sharing participants).

Tier 3:

Practices must meet Tier 2 HIE connection requirements and share an additional clinical data set that allows HealthInfoNet to produce specified clinical quality measures in support of the PCPlus program. In addition to the data set required for Tier 2 practices, Tier 3 practices must also share the following data elements via a HL7 ADT and/or Observation Result (ORU) interface:

- Vital signs
- Laboratory test results and coding

➤ **Section 4: How to Recertify as a PCPlus Provider**

Recertification of current PCPlus practices occurs annually. Recertification is required for all enrolled PCPlus practices. PCPlus providers are notified of the recertification opening through the e-message notification system. Recertification is the process of certifying that practices continue to meet requirements of their current PCPlus tier. During the recertification process, practices who demonstrate that they meet a different-level tier requirement will be able to indicate this in the recertification application for potential reclassification.

Once a practice's recertification application is reviewed by OMS, a confirmation is sent to the practice that indicates which practice tier they have achieved. The confirmation e-mail includes the approved practice tier based on the practice characteristics identified in the recertification application.

Practices must notify the Department if there is 30 continuous days of not meeting the assigned tier requirements. Once notified the Department will either require an action plan or a tier adjustment. The Department will notify the practice 30 (MBM Chapter VI, Sec. 3.06-1) business days prior to a tier adjustment.

❖ **Section 4.1: Annual Recertification Application documents:**

Documents for all practices, examples include:

- The [Behavioral and Physical Health Integration Tool](#) assessed since the previous 12-month assessment, to determine the current level of Behavioral and Physical Health Integration within the practice and to identify an area of focus for the upcoming twelve-month period. This tool will be reviewed during each annual assessment as it is updated every 12 months.
- Provide a documented process to routinely perform Screening, Brief Intervention, and Referral to Treatment (SBIRT) for members.

Tier 2 and 3 practices:

- As of April 2024, recertification, for practices to maintain their Intermediate or Advanced Level Status they will need to demonstrate that they have contracted with or employed a CHW or Community-Based Organization to provide CHW services within their PCPlus practice(s).

➤ Section 5: Member Attribution

Members qualify for PCPlus if they have full MaineCare eligibility both at the time they received primary care services from a PCPlus provider as well as if they have full MaineCare eligibility at the time of attribution to a PCPlus location. PCPlus member attribution occurs on a quarterly basis, therefore, eligible members are attributed to the PCPlus service location for the three calendar months in each quarter (e.g., July 1-September 30). Monthly PCPlus payment is based on attributed members' MaineCare eligibility status (e.g., active/disenrolled) at the time of payment.

❖ Section 5.1: Attribution Process

MaineCare member attribution begins by identifying all enrolled PCPlus service locations. The primary identifier of these locations is their MaineCare National Provider Identifier (NPI) plus 3-digit service location extension.

PCPlus attribution is based on at least one eligible primary care claim during the 24-month lookback period. Members with a primary payer other than MaineCare are eligible if the member also has full MaineCare and MaineCare has processed a primary care claim. For dual members, MaineCare must have processed their secondary primary care claim. Members with active MaineCare at the time of upload to MIHMS are attributed to PCPlus service locations.

For members in the attributable population, OMS identifies primary care claims with final paid status during the 24-month period with one or more relevant Evaluation and Management, preventive, diagnostic, or wellness services codes (see Table 5.1).

Procedure Codes	99201 through 99215, 99304 through 99350, 99358, 99381 through 99387, 99391 through 99397, 99421 through 99423, 99441 through 99443, 99487, 99490, 99491, 99495 through 99497
HCPC Codes	G2025, G0402, G0438, G0439, G0468, G0506
ICD-10 Diagnosis Codes	Z00.00, Z00.11, Z00.110, Z00.111, Z00.12, Z00.129, Z00.8, Z02.1, Z02.3, Z02.89

Table 5.1: Primary care service codes used in attribution

Primary care claims are counted using their Claim Identifier (ID). Claim lines with the same claim ID are considered one primary care service.

The number of claims for each combination of pay-to NPI and service location NPI+3 will be determined. The highest primary claim count combination (i.e. plurality of primary care services)

is selected for each member. If a tie for multiple claim counts exists, the most recent date of service will determine that member's service location for attribution.

For questions about PCPlus member attribution, please contact the DSRU at PCP-Network-Services@maine.gov


PCPlus Attribution Timeline Details

Attribution Quarter	Dates Included in Quarter	Attribution Lookback Date Range	PBA	Annual Risk Score Adjustment
Q3 2022	7/1/2022-9/30/2022	1/1/2020-12/31/2021	Pre-determined PBA % Applied	Review/Update
Q4 2022	10/1/2022-12/31/2022	4/1/2020-3/31/2022	Pre-determined PBA % Applied	NA
Q1 2023	1/1/2023-3/31/2023	7/1/2020-6/30/2022	Pre-determined PBA % Applied	NA
Q2 2023	4/1/2023-6/30/2023	10/1/2020-9/30/2022	Pre-determined PBA % Applied	NA
Q3 2023	7/1/2023-9/30/2023	1/1/2021-12/31/2022	Quality Score PBA	Review/Update
Q4 2023	10/1/2023-12/31/2023	4/1/2021-3/31/2023	Quality Score PBA	NA
Q1 2024	1/1/2024-3/31/2024	7/1/2021-6/30/2023	Quality Score PBA	NA
Q2 2024	4/1/2024-6/30/2024	10/1/2021-9/30/2023	Quality Score PBA	NA

Figure 5.1 Attribution Timeline Details

❖ Section 5.2: Attribution Notification

With the initial PCPlus attribution of July 2022, all members received an attribution notification via mail (see Figure 4.1). In subsequent mailings, only members whose PCPlus provider changes or who are newly attributed to a service location in PCPlus will receive the attribution letter.

Janet T. Mills Governor		Maine Department of Health and Human Services Office of MaineCare Services, Member Services 11 State House Station Augusta, Maine 04333-0011 Toll Free: (800) 977-6740; TTY: Dial 711 (Maine Relay) Fax: (800) 314-8775
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July 1, 2022

«CaseHeadFirstName» «CaseHeadLastName»
«CHAddr1»
«CHAddr2»
«CHCity», «CHState», «CHZipcode»

Eligible Member: «MemberFirstName»
«MemberLastName»

Dear «CaseHeadFirstName»,

You are receiving this letter because your primary care practice is part of MaineCare's Primary Care Plus, or PCPlus program. Through PCPlus, your primary care practice will work with your other healthcare providers to give you better care. Our records show the PCPlus practice seeing you for your primary care is «PC2.OSLPublicFacingName».

Your benefits have not changed. You can still choose the healthcare providers you want to see. There is no added cost to you for being in PCPlus. MaineCare wants you to have access to the best health care MaineCare can offer. To be sure this happens, we have changed our primary care programs to make sure your primary care provider manages the services you need for better health and works with both you and any other providers you may see.

PCPlus will help MaineCare members have access to better health care. The program makes the relationship between MaineCare and primary care practices stronger. It allows us to look at how well primary care practices are managing care for their members and work with them on what is best for our members' health.

If you have any questions, need to change your primary care practice, or would like to opt out of PCPlus, please call MaineCare Member Services at 1-800-977-6740. TTY users dial 711 for Maine Relay. Offices are open Monday through Friday from 7:00 a.m. to 6:00 p.m.

More information about MaineCare primary care and PCPlus can be found at:
<https://www.maine.gov/dhhs/oms/member-resources/primary-care-and-your-health>.

Sincerely,

MaineCare Member Services

Figure 4.1: Member Attribution Letter Sample

❖ **Section 5.3: Member Talking Points for Attribution Notification**

Here are some of the common questions (with sample answers) that practices may receive once members receive the attribution letter:

What is Primary Care Plus (PCPlus)?

Primary Care Plus helps your Primary Care Provider (PCP) manage your health care – this includes making sure you’re getting tests and preventive services to keep you healthy, rewards them when they give you the best care possible, and supports them in providing you whole-person care.

What is whole-person care?

When you arrive at your doctor’s office you bring more than just your physical body. Your emotional, social, and behavioral needs are just as important to your physical health. Addressing all the parts of your situation, not just the physical ones, is known as whole-person care. This could include identifying and addressing behavioral health like depression and anxiety, or social needs like housing, access to transportation, food security, or help with personal care needs in your home. It could also mean substance use treatment and recovery services. In PCPlus, your PCPs office can refer you to additional supports and work with them to make sure you have everything you need to live your healthiest life.

How does this affect my care?

PCPlus makes the relationship between MaineCare and primary care practices stronger. It allows us to look at how well primary care practices are managing your care and work with them on what is best for your health.

How does this affect my MaineCare benefits?

Your MaineCare benefits have not changed because of PCPlus.

Can I still use my same PCP?

Yes, you can still choose the healthcare providers you want to see.

Does this program cost me anything?

No. There is no added cost to you for being in PCPlus. If you have co-pays now, you will continue to have co-pays.

What if the practice listed in the letter is not my current practice I am going to?

If the practice listed in the letter is not the same one you are seeing for primary care services, you can call MaineCare Member Services and let them know the correct practice you are going to for primary care services. Contact Member Services at 1-800-977-6740. TTY users dial 711 for Maine Relay. Offices are open Monday through Friday from 7:00 a.m. to 6:00 p.m.

What if I don't want to be a part of PCPlus?

You always have the option to “opt out” of PCPlus. If you wish to opt out of PCPlus, please call MaineCare Member Services at 1-800-977-6740. TTY users dial 711 for Maine Relay. Offices are open Monday through Friday from 7:00 a.m. to 6:00 p.m.

Is there more information available for me to read about PCPlus?

Yes. More information about MaineCare primary care and PCPlus can be found at:

<https://www.maine.gov/dhhs/oms/member-resources/primary-care-and-your-health>.

❖ Section 5.4: Change to Member Attribution

Members enrolled with PCPlus have the option, as noted in MaineCare Benefits Manual, Chapter VI, Section 3, Primary Care Plus as well as stated in their attribution letter, to opt out of PCPlus or provide OMS with a different PCP selection. To do so, the MaineCare member can call MaineCare Member Services to identify their new primary care service location or opt out of PCPlus. Any adjustments to member attribution will process for the following calendar quarter (i.e., the attribution of a member opting out of PCPlus in August would end September 30).

Though previous programs allowed for provider notification of member primary care changes, PCPlus is dependent exclusively on claims-based primary care attribution and member choice communicated by the member.

➤ Section 6: PCPlus Payment

PCPs enrolled with PCPlus will receive a PBP each month. Each payment cycle is based on MIHMS data as of the 15th of each month or following business day if the 15th falls on a weekend. PCPlus payments displays on the Remittance Advice (RA) of participating organizations, at the pay-to NPI level, in the “Non-Claims” area of the RA. The invoice type to display with the total payment will be “PC2.0.” Because this is a payment not dependent on claims, MIHMS is currently set to not process an RA if only a non-claims payment is being made in a payment cycle. Therefore, if only the PCPlus payment is present, the system will not generate a RA.

❖ Section 6.1: Calculation of Payment

Annually, PCPlus members are assigned to a population group based on their eligibility category and a risk category which is based on the member’s most recent risk score prior to the start of each PCPlus year. The population groups are children, adults, aged/blind/disabled, and dual-eligible. The risk categories are “generally well” and “complex.” Each combination of population group and risk category has a Per Member Per Month (PMPM) rate (see Table 5.1).

The overall PMPM rate is calculated by multiplying the number of members the service location has in each combination of population group and risk category by the assigned PMPM rate. Then the totals are added from each combination and divided by the number of members attributed to the service location. This is the population group and risk category PMPM rate for each service location for the following twelve months for PCPlus.

Providers may request a reassessment of their population group and risk category PMPM if there is a significant change within the practice, such as a relocation or inclusion of a new population. Providers can send an e-mail to PCP-Network-Services.DHHS@maine.gov detailing the nature of the significant change within the practice and requesting a re-assessment based on this change.

Population Group	Risk Category	
	Generally Well PMPM	Complex PMPM
Children	\$1.65	\$4.95
Adults	\$1.15	\$3.00
Aged/Blind/Disabled	\$2.25	\$6.60
Duals	\$2.50	\$8.75

Table 5.1: Population group and risk category PMPM rates

The tier PMPM rate is determined by the provider’s PCPlus enrolled tier, as noted in Table 5.2.

Tier	Rate
1 - Base	\$2.10
2 - Intermediate	\$6.30
3 - Advanced	\$6.90

Table 5.2: Tier PMPM rates

This tier PMPM rate is adjusted by the PBA quarterly. For the first year of PCPlus, the PBA is set at a percentage of the tier PMPM, based on the enrolled tier. The Tier 1 – Base tier percentage is 25%, Tier 2 – Intermediate is 8.3%, and Tier 3 – Advanced is 7.6%. This equates to a total of \$2.63 for Tier 1, \$6.82 for Tier 2, and \$7.42 for Tier 3, when added to the tier PMPM.

The addition of the population group and risk category PMPM rate and tier PMPM rate with PBA equates to the PBP rate per member for the first 12 months of PCPlus. Once the PBA is generated by quality measure scoring, the total PBP can change each quarter within the year.

➤ Section 7: Provider Reports

PCPlus providers will be provided reports as notification of the members attributed to and paid for per their enrolled service locations.

❖ Section 7.1: Member Roster and Payment Report

Participating PCPlus providers will receive a monthly combined roster and payment summary report. This report has two sections, one for member details as well as the attributed PCPlus service location. Member details include the member's MaineCare ID, member name (last name first), date-of-birth, member attribution date, estimated eligibility end date, and the assigned location for the member. Please note, the estimated eligibility end date listed in this report is an estimated eligibility end date only, as of the date of the report. Providers must verify an individual's eligibility for MaineCare prior to providing services. For more information on Member Eligibility please reference MBM Chapter 1.

MaineCare Services

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Report Description:

Member roster provided to all Primary Care 2.0 Providers for whom they receive PMPM payments and payment summary. This is delivered with the Remittance Advice.

Report Number: DSR0003-HPAS

Report Name: Primary Care 2.0 Member Roster and Payment

Run Date: 7/26/2022

As Of: 7/15/2022

Member attribution is processed quarterly. This report reflects those members eligible for this monthly payment.

This is an estimated eligibility end date only, as of the date of this report. Providers must verify an individual's eligibility for MaineCare prior to providing services. For more information on Member Eligibility please reference MBM Chapter 1.

NPI: 1234567890

Pay To Provider Name: Clancy Health Care

Members

Member ID	Member Name	DOB	Attribution Date	Estimated Eligibility End	Assigned Location
1111111A	Davis, Zahra	6/5/1982	7/1/2022		Augusta-006
1111222A	Henry, Lucie	5/15/1981	7/1/2022		Augusta-006
2222222A	Schmidt, Eloise	1/1/2003	7/1/2022	8/31/2022	Augusta-006
2222333A	Sherman, Paula	8/20/2007	7/1/2022		Augusta-006
3333333A	Walters, Marie	1/21/1985	7/1/2022		Augusta-006
3333444A	Warner, Alice	5/31/1935	7/1/2022		Augusta-006
7777777A	Bowen, Scott	12/31/1991	7/1/2022		Brunswick-002
4444555A	Bright, Maxwell	2/23/1981	7/1/2022		Brunswick-002
6666777A	Flynn, Dennis	7/7/1976	7/1/2022		Brunswick-002
5555666A	Goodwin, Larry	5/10/2007	7/1/2022		Brunswick-002
4444444A	King, Rachael	7/21/1948	7/1/2022		Brunswick-002
5555555A	Perry, Erik	12/28/2005	7/1/2022		Brunswick-002
6666666A	Walton, Paul	10/22/1962	7/1/2022		Brunswick-002
7777888A	Andrews, Miles	2/6/1961	7/1/2022		Portland-004
9999999A	Chandler, Owen	8/6/1957	7/1/2022		Portland-004
9999000A	Dixon, Julian	8/30/1969	7/1/2022		Portland-004
8888888A	Rice, Connor	6/18/1987	7/1/2022	7/31/2022	Saco-008
8888999A	Torres, Ronald	6/6/1997	7/1/2022		Saco-008

Figure 7.1: Member Roster and Payment Report - Members (fabricated data)



MaineCare Services

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Department of Health and Human Services

Report Description:

Member roster provided to all Primary Care 2.0 Providers for whom they receive PMPM payments and payment summary. This is delivered with the Remittance Advice.

Report Number: DSR0003-HPAS

Report Name: Primary Care 2.0 Member Roster and Payment

Run Date: 7/26/2022

As Of: 7/15/2022

Summary					
Pay To NPI	Pay To Name	Service Location	Total Members	PMPM	Total Amount Paid
1234567890	Clancy Health Care	Augusta-006	6	\$6.00	\$36.00
1234567890	Clancy Health Care	Brunswick-002	7	\$5.50	\$38.50
1234567890	Clancy Health Care	Portland-004	3	\$5.00	\$15.00
1234567890	Clancy Health Care	Saco-008	2	\$5.50	\$11.00
Total			18		\$100.50

Figure 7.2: Member Roster and Payment Report – Summary (fabricated data)

❖ Section 7.2: Report Access

Provider staff who have Health PAS Trading Partner access, will be able to go to the **View PCP Roster** for a “live” listing of member attribution. The listing will display the service location/NPI+3 each member is attributed to. Please note, providers who do not currently have Trading Partner Access, will need to contact a registered Health PAS Trading Partner Administrator for the location’s organization and invite the user to register for access.

The payment roster and payment summary report are sent through the Health PAS Trading Partner area of **File Exchange**, PCP Roster Report folder around the first business day following 15th of each month.

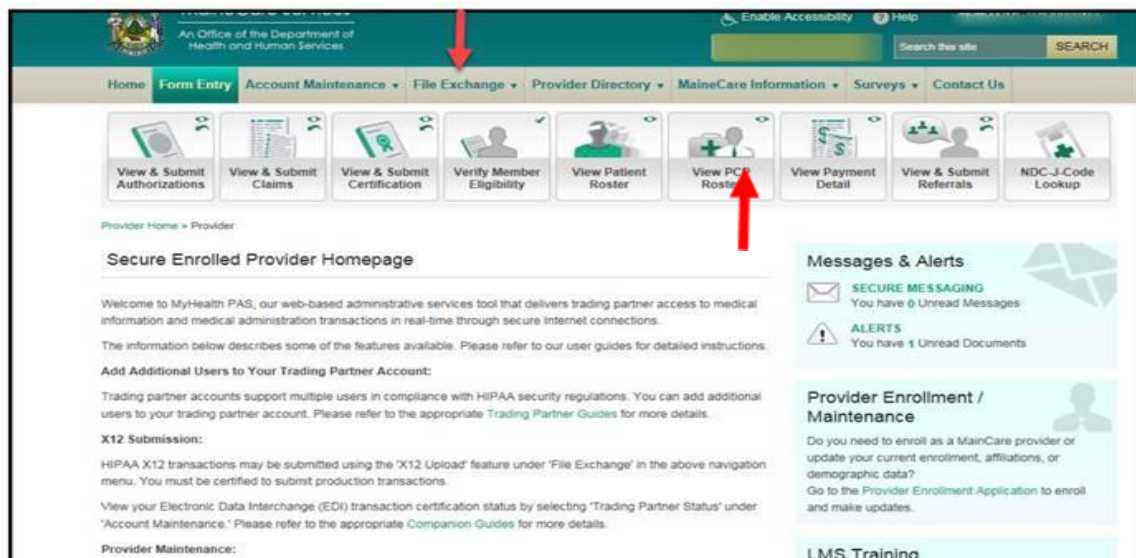


Figure 6.3: Health PAS – Report Access

➤ Section 8: Quality Measures and Performance Based Adjustments

This section describes the PBA methodology used for PCPlus practices based on improvement and achievement adjustments for PCPlus quality measures. The PBA is designed to reward practices based on peer performance and improved outcomes of their quality measure performances. Quality measures can be found under the “About PCPlus” Section of the [PCPlus website](#) (see also Table 8.1).

Beginning winter 2023, practices will begin to receive quarterly Quality Reports that include their performance on PCPlus quality measures. Details of where and how to access these reports will be shared via an e-message (see Resources section for process to sign up for e-messages) and through an update to this manual. Starting July 2023, the PBA is calculated by practice and applied to the practice’s PMPM rate as part of the PBP.

Measure	Steward	Measure Definition
<i>Utilization</i>		
Acute Hospital Utilization (AHU)	NCQA	Assesses the risk-adjusted ratio of observed-to-expected inpatient admission and observation stay discharges during the measurement year reported by surgery, medicine, and total among members 18 years of age and older.
<i>Comprehensive Care</i>		
Child and Adolescent Well Care (WCV)	NCQA	Assesses the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Antidepressant Medication Management (AMM)	CMS	Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.
Cervical Cancer Screening (CCS)	NCQA	Assesses women who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> • Women 21–64 years of age who had cervical cytology performed within the last 3 years. • Women 30–64 years of age who had cervical high-risk

		<p>human papillomavirus (hrHPV) testing performed within the last 5 years.</p> <ul style="list-style-type: none"> • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.
Controlling High Blood Pressure* (CBP)	NCQA	<p>Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg). (*Please note, this measure will be implemented at a later date since it is not a claim-based measure)</p>
Colorectal Cancer Screening (COL)	NCQA	<p>Assesses adults 50–75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.</p>
Developmental Screening (DS3)	OHSU	<p>Assess the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened in the 12 months preceding or on their first, second or third birthday.</p>
Lead Screening in Children (LSU)	NCQA	<p>Assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</p>

Total Cost of Care Population-Based PMPM Index	HealthPartners	Assesses a primary care provider's risk adjusted cost-effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, lab, radiology, ancillary and behavioral health services.
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**not all measures can be scored until electronic reporting options become standardized*

Table 8.1 PCPlus Quality Measures

❖ Section 8.1: Calculation of PBA

While practices are not responsible for calculating their own PBA, more information on the methodology, including examples, can be found under the “About PCPlus” section of the [PCPlus website](#) main site. The PBA equals the sum of each of the quality measures’ Improvement and Achievement Adjustments, which are based on a PCP’s Percentile Score for each quality measure within their respective domain. The Percentile Score is calculated by using the performance on each quality measure and comparing the results of each measure with MaineCare Peer Groups to determine a Percentile Score for each quality measure. The Percentile Score represents the percent of practices that fall below the comparison practice in their performance on that quality measure.

Each quality measure falls under the Utilization Domain or the Comprehensive Domain. Each domain has improvement and achievement adjustment values that apply to the quality measures within the domain. The total adjustments under the quality measures in the domains are split into 30% Utilization and 70% Comprehensive Care.

Improvement adjustments are determined by comparing the practice’s Percentile Score for each quality measure in the most recent PBA Assessment Period to the practice’s Percentile Score in the calendar year that falls two (2) years prior to the end date of the current PBA Assessment Period, e.g. a PBA Assessment Period ending July 2023 would be compared to calendar year 2021.

Achievement Adjustments are determined by the Percentile score of each quality measure as compared to the appropriate PBA assessment period:

- Through 2023, the Percentile Scores for the Achievement Adjustments is compared to the practice’s performance to its MaineCare Peer Group’s performance from the most recent PBA Assessment Period.
- Beginning in 2024, Percentile Scores for the Achievement Adjustments is compared to the practice’s performance from the most recent PBA Assessment Period to the performance of its MaineCare Peer Group in the calendar year that falls two (2) years prior to the end date of the current Assessment Period.

Performance Based Adjustment Timeline (Figure 8.1)

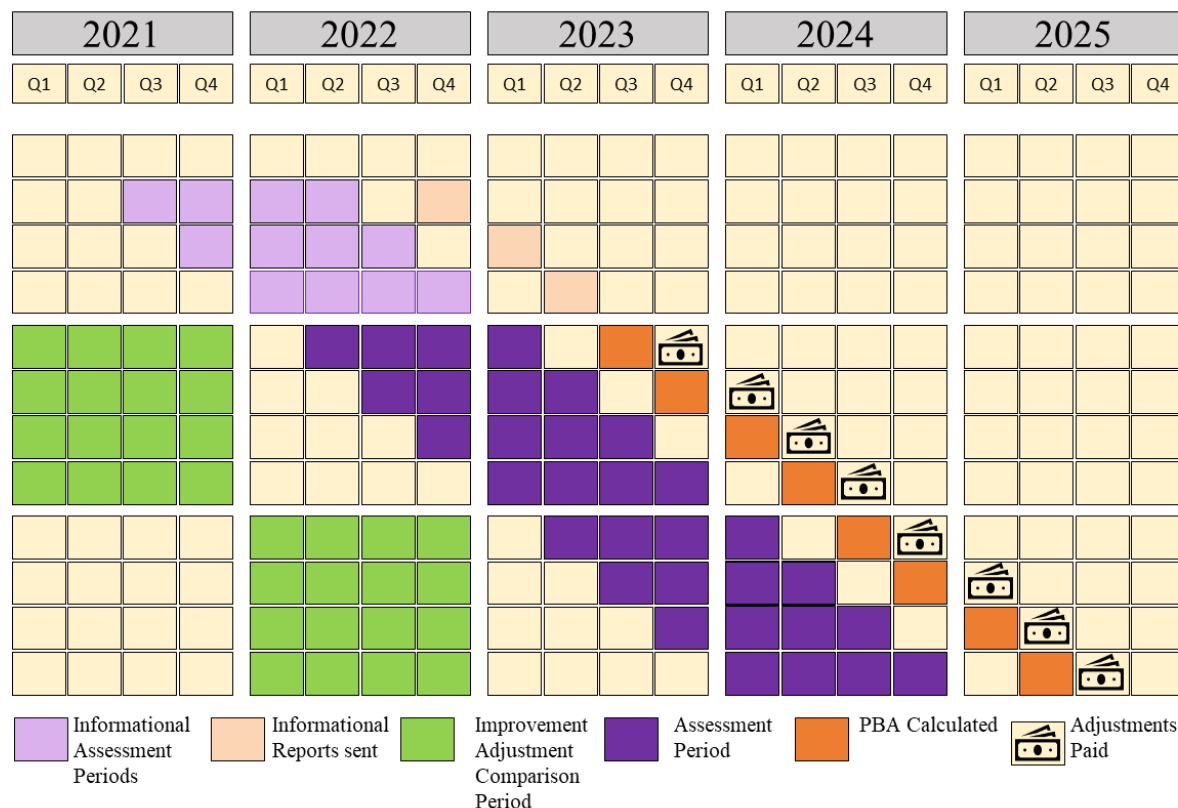


Figure 8.1: Performance Base Adjustment Timeline

❖ Section 8.2: Achievement Adjustment Methodology Example (Figure 8.2)

A PCP with a Percentile Score between 60% and 69% for the Acute Hospital Utilization quality measure would receive an Achievement Adjustment of 1.5%. If the PCP's Percentile Score improved by at least 3% from the comparison year, it would also earn the 1.3% Improvement Adjustment. If the PCP earned a Percentile Score between 50% and 59% for the Total Cost of Care quality measure, it would receive a 0.3% Achievement Adjustment. If the PCP's Percentile Score did not improve by at least 3% from the comparison year, it would not earn the 0.1% Improvement Adjustment. This assessment is done for each quality measure, and the PBA equals the sum of the Achievement and Improvement Adjustments.

Percentile Scores: Your performance on each measure is scored against your MaineCare Peer Group's performance. Use the row associated with your percentile range for each measure to determine your Achievement Adjustment and your Improvement Adjustment, if earned. The maximum possible PBA is 25%, and the minimum possible is -10%.

Number of Measures in Domain: The number of measures per domain for which a practice qualifies is indicated in parentheses () after the domain name.

Improvement Adjustment: This column indicates the earned PBA, per measure, if your Percentile Score on that measure increased at least 3% from the last performance period.

Achievement Adjustment: The Department will determine Achievement Adjustments for each quality measure based on Percentile Score.

Percentile Scores Relative to Peer Group	Utilization		Comprehensive Care	
	<i>Achievement adjustment (%)</i>	<i>Improvement adjustment (if earned) (%)</i>	<i>Achievement adjustment (%)</i>	<i>Improvement adjustment (if earned) (%)</i>
<25	-3.0	2.5	-0.9	0.8
25-49	0	0.5	0	0.2
50-59	.8	0.7	0.3	0.1
60-69	1.5	1.3	0.4	0.4
70-79	3.5	1.0	1.0	0.3
80-89	5.0	0.9	1.5	0.2
>90	7.0	0.5	2.1	0.1

Figure 8.2 Achievement and Adjustment Methodology Example, adapted from the Centers for Medicare and Medicaid Innovation, Primary Care First methodology

*The adjustment percentages in Figure 8.3 are based on using nine (9) quality measures, one (1) under the Utilization domain and eight (8) under the Comprehensive Care domain. If more or fewer quality measures are used, the Department will change the adjustment percentages proportionally, so the PBA range remains between negative ten (-10) and 25% and so the total minimum and maximum adjustment amounts from the quality measure(s) under the Utilization and Comprehensive Care domains remains 30% and 70%, respectively, of the minimum and maximum PBA.

❖ Section 8.3: MaineCare Peer Group

Each PCPlus practice is assigned a MaineCare Peer Group for the purpose of determining the PBA that applies. More details about the methodology of the peer group assignment will be updated in this document in Quarter 1 of 2023.

➤ Section 9: PCPlus Timeline

The PCPlus timeline highlights a few key processes and activities that occur within an annual timeframe starting in July which marks the beginning of a new PCPlus year.

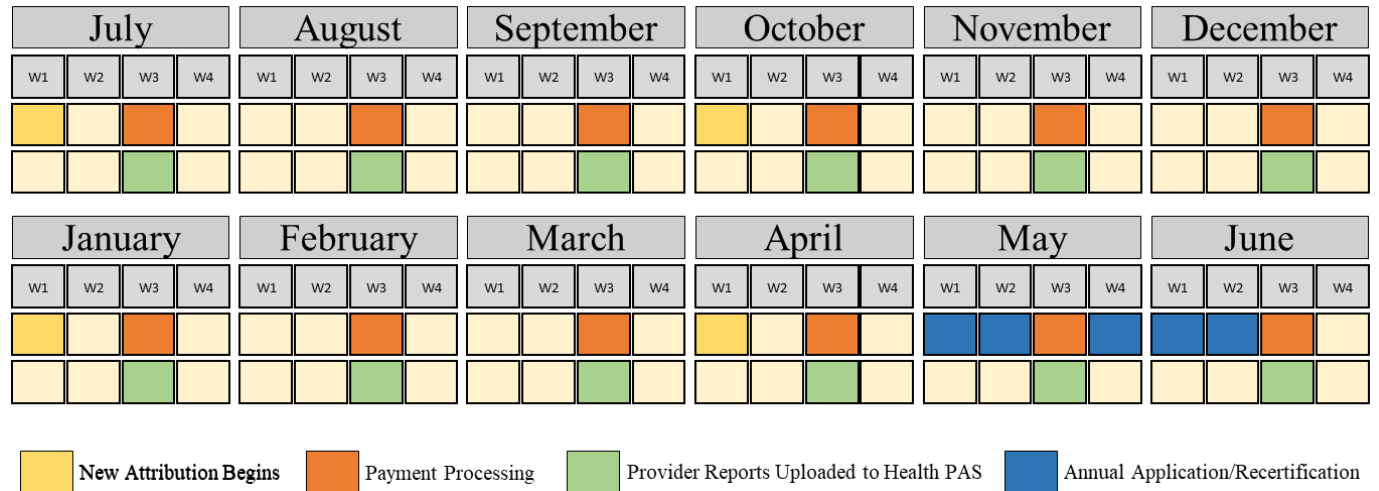


Figure 9.1: PCPlus Timeline

➤ Section 10: Technical Assistance

MaineCare provides practices with ongoing learning opportunities, resources, and tools through collaboration with other offices and departments to provide policy support and training to practices. A schedule of trainings and links for participation will be shared on the Delivery System Reform unit (DSRU) webpage: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing>. Any required trainings will be noted on the schedule. The types of technical assistance/learning opportunities that will be offered includes:

Training/ Technical Assistance	Description
Ongoing Support & Orientations	OMS staff support on policy, portal, and ad-hoc questions – great for new staff, as a refresher, or to trouble shoot.
Peer Sharing/Engagement	Opportunities to collaborate across practices, ask questions, and share challenges and successes.
Resource Sharing	Connects practices to resources such as OMS updates, special projects opportunities, relevant webinars/trainings/events through collaboration with DHHS and external partners.
Open Office Hours	Regularly scheduled meetings for PCPlus providers to allow for questions. The dates and times of these meetings will be available on the following webpage: https://www.maine.gov/dhhs/oms/providers/value-based-purchasing

Table 10.1: PCPlus Technical Assistance

➤ Section 11: Resources

MaineCare Delivery Reform Unit Team: If you have any questions regarding Primary Care Plus, please e-mail the DSRU team at: PCP-Network-Services.DHHS@maine.gov

MaineCare Benefits Manual: Regulations for PCPlus are listed here: [Chapter VI Section 3 Primary Care Plus](#).

MaineCare Primary Care Websites:

- Provider: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care> Provides additional information on PCPlus including practice listing, presentations, application support information, and more.
- Member: <https://www.maine.gov/dhhs/oms/member-resources/primary-care-and-your-health> Provides information to members on primary care, including PCPlus and other opportunities for members.

E-messages: PCPlus-related notifications will be shared using an e-message system. To sign up for PCPlus e-messages go to:

<https://public.govdelivery.com/accounts/MEHHS/subscriber/new?preferences=true>, enter the e-mail address that you would like to receive notifications at, then, select the subscription called **MaineCare - Primary Care and Care Coordination**. This is where PCPlus updates and notifications will be shared.